## CONGRESSMAN TOM UDALL UNITED STATES SERVICE ACADEMY

### INSTRUCTIONS FOR COMPLETING FORMS

### I. Forms Provided:

- Checklist
- 2. Application
- 3. Counselor Evaluation

#### II. CHECKLIST:

Use this form to organize and manage the forms, letters, and miscellaneous items required for submission to Congressman Udall's office. Check-off items as completed and, if possible, mail all items together. This form is for applicant use only.

### II. APPLICATION:

Part I. "Permanent Address" is parent's address; "Present Address" is if you are away from home. "Home Phone" is parents phone number.

Part II. If you are a high school graduate and are attending college, be sure your high school sends a transcript. If you've attended college for more than one semester, have your college also send a transcript. If you've attended college for <u>less</u> than one semester, send a copy of your class schedule.

Part III. Include only those activities and honors from high school/college. Be sure to include non-school activities such as church and civic/volunteer.

Part IV. In completing the Academy preference, number 1 is your first choice, number 2 is you second choice, etc. It is recommended that you opt for more than one academy, so that if you are not chosen for your first choice, another option may become available to you.

Ensure that you sign the "Privacy Act Statement" at the bottom of the 2<sup>nd</sup> page of the Application form.

#### IV. COUNSELOR EVALUATION

Give this form to your school counselor. The counselor must use this form only—no letter. If there is no counselor, give to your principal. It is <u>your</u> responsibility to ensure the form is completed and submitted prior to the deadline. Make certain you follow-up with the counselor/principal.

NOTE: Standardized test scores are required. If you have not yet taken either the ACT or SAT tests, please schedule yourself as soon as possible. These scores are also used by the academies themselves in their evaluation process. If you have no scores to report, please indicate when you plan to take either test and arrange for those scores to be sent to our office

# U.S. Representative Tom Udall United States Service Academy

## **Application for Nomination**

Part I. <u>GENERA</u>	L INFORMATIO	N (Please <u>PRINT</u> all i	nformation on this form)
Name:			
(Last)		(First)	(Middle Initial)
Permanent Address: (Parents)			ZIP Code
Present Address: (If Different)	Street City		ZIP Code
Phone (Daytime):	(505	5)	
Social Security Numb	er:	_ <del>-</del>	Age:
Place of Birth:		Г	Date of Birth:
Name of Parents:			
Are you a resident of Are you now or have Do you have responsi	you ever been marı	ried?Yo	No (if no, where?) esNo No
Part II. <u>EDUCAT</u>	<u> ION</u>		
Elementary School: _(S	School Name)		City and State)
High School:	School Name)		City and State)
School Year:Jun	iorSenior	Year will graduate: _	of Year Graduated:
Current or last Grade	Point Average:		
If in college:	Name of College)	(1	City and State)
Academic Year Comr	<b>3</b>		•

## PART III. <u>EXTRA CURRICULAR ACTIVITIES</u>

List all sport involvement (high school and college; indicate if varsity letter earned. (Example: HS football, 3yrs, 2 letters, co-captain 1 yr)		
List all school/civic activities and offices held, if any. (Example: Student Council 2 yr Treasurer 1yr, President 1yr)		
List all honors/awards you have received both in and out of school:		
List all jobs you have held:  Job Title/responsibilities		
PART IV. <u>ACADEMY DATA</u>		
Academy Preference (1/2 is first preference, 2/2 is second preference, etc.). You are encourage to list more than one in the event your 1 <sup>st</sup> choice does not have an opening or you are no selected  ( ) Army ( ) Navy ( ) Air Force ( ) Merchant Marines		
Note: No nomination need for Coast Guard, you need only apply directly to Coast Guard  List Academy or Academies to which you have already applied:		
Note: Your may also apply for a nomination to the Vice President of the United States in Washington, D.0 However, if you are the son or daughter of a parent that is active or retired military or that has been awarded the Congressional Medal of Honor, you may apply through the Academies to the President of the United States.  IN ACCORDANCE WITH THE PROVISION OF THE 1974 PRIVACY ACT, I HEREB ALTHORIZE CONCRESSMANT TOWN AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION.		
AUTHORIZE CONGRESSMAN TOM UDALL TO PROVIDE ANY INFORMATION PERTINENT TO MY REQUEST FOR A NOMINATION TO ANY OF THE U.S SERVICE ACADEMIES AND ALSO TO HIS ACADEMTY NOMINATIONS REVIEW PANEL.		
(Signature) (Date)		

## CONGRESSMAN TOM UDALL UNITED STATES SERVICE ACADEMY

## **COUNSELOR EVALUATION**

This form must be completed and signed by a counselor or principal and mailed to:

Congressman Tom Udall Attn: Thomas Garcia Service Academy Liaison P.O. Box 926 Las Vegas, NM 87701

Deadline is:				
Name of student:	(Last)	(F	irst)	(Middle Initial)
				Rank:
<b>Note:</b> If school does (Class size must be g		% of students	at or below t	his student
Current GPA:				
Standard Test Scores	(Given the highest scor	e attained in e	each category	, regardless of times tested):
ACT: English:	Math:	Reading:	Science	Reasoning:
SAT: Verbal: _	Math:			
Leadership Character	istics:			
Personality Traits:				
Ability to Work Unde	er Pressure:			

Ability to get along with others:				
-				
List extracurricular activities and offices held:				
-				
COMMENTS & RECOMMENDATIONS:				
Date:				
Date: Printed name:				
Printed name:				
Printed name:  Signature:	-			
Printed name:	-			
Printed name:  Signature:	_			
Printed name:  Signature:  Title:	-			
Printed name:  Signature:  Title:  Work Phone:	-			

**Note:** This information is vital to Congressman Udall's Nomination Committee that will be evaluating this student. Please follow all instructions and mail directly to the address on the  $1^{st}$  page.

# CONGRESSMAN TOM UDALL UNITED STATES SERVICE ACADEMY

## **Applicant Checklist**

Applicant Name (Print):	
Mailing Address (Parents):	
City/Zip Code:	
Phone (Parents): (505)	
<u>Item</u>	Date Mailed:
Completed Application Form Essay Counselor Evaluation ACT and/or SAT Scoresheet High School/College Transcript Two letters of Recommendation  ACADAMIES APPLIED FOR: ARMY NAVY MERCHANT MARINE  DATE(S) SUBMITTED:	
(Note: Of the 5 academies listed above, onl	ly Coast Guard does NOT require a nomination)
You May:	
<ol> <li>Apply for all five service academie</li> <li>Retake the ACT/SAT tests to improve</li> <li>Update your activities &amp; achievem</li> </ol>	ove your score;
MAIL ALL DOCUMENTS TO:	Congressman Tom Udall Attn: Thomas Garcia Service Academy Liaison P.O. Box 926 Las Vegas, New Mexico 87701

DEADLINE FOR ALL DOCUMENTS TO BE MAILED IS: